



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
EDISON, NEW JERSEY 08817

ASSUMPTION OF RISK AGREEMENT AND RELEASE

(READ CAREFULLY BEFORE SIGNING)

The undersigned has requested permission to enter upon the premises of the Arkansas Chemical Company site, 185 Foundry Street, Newark, New Jersey, for the purposes of visiting and inspecting that certain property under the control of the U.S. Environmental Protection Agency where removal work is being conducted. The undersigned has been advised that construction activities are being performed at the site involving the handling and removal of hazardous wastes. In light of the risks and uncertainties inherent in such activities, and in consideration of the privilege of being allowed access to the property, the undersigned, his or her heirs, assigns and devisees, for himself, herself and on behalf of his or her family, if any, does hereby agree to assume full responsibility for any injuries which might occur to the undersigned in or about the premises of the Arkansas site, including, but without limitation, any claims for personal injuries or adverse health effects.

EXECUTED this 9<sup>th</sup> day of October, 1987.

Mark P. Pane

Witness

John C. Chiasson

Signature



DEA # AT7018256

STEVEN I. TAY, M.D., P.C.  
246 EAST 20TH STREET  
NEW YORK, NY 10003  
NY Lic. No. 127121

NAME

*Chasov, J.*

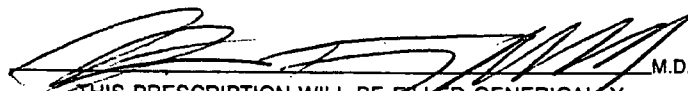
ADDRESS

DATE

*10-6-87*

R

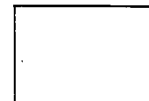
*Cleared for Respirator  
use & suits. no contraindications*

  
M.D.  
THIS PRESCRIPTION WILL BE FILLED GENERICALLY  
UNLESS PRESCRIBER WRITES 'd a w' IN THE BOX BELOW

☐ Label

Refill \_\_\_\_\_ times

☐ PRN ☐ NR



Dispense As Written

06/03/87

03508741820

DATE		DESCRIPTION		TOTAL FEE	PAYMENTS	ADJ.	BALANCE
FAMILY MEMBER					CREDITS		

PREVIOUS BALANCE	NAME
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**Procedure**

**OFFICE VISITS**

☐ Office - New - Brief

☐ Office - New - Ltd.

☐ Office - New - Intmd.

☐ Office - New - Ext.

☐ Office - New - Comph.

☐ Office - Est. - Minimal

☐ Office - Est. - Brief

☐ Office - Est. - Ltd.

☐ Office - Est. - Intmd.

☐ Office - Est. - Ext.

☒ Office - Est. - Comph.

☐ Services - After Ofc. Hours

☐ Services - 10pm-8am

☐ Services Sun - Holiday

☐ Office Emer. Services

☐ E.R. - After Ofc. Hours

☐ E.R. - During Ofc. Hours

☐ Other

**CONSULTATION** ☐ Ofc. ☐ Hosp.

☐ Consultation - Ltd.

☐ Consultation - Intmd.

☐ Consultation - Ext.

☐ Consultation - Comph.

☐ Consultation - Cmplx.

☐ Consult F/U - Ltd.

☐ Consult F/U - Intmd.

☐ Telephone Consultation

**SPECIAL PROCEDURES**

☐ Office ☐ Hospital

☐ Cardioversion - Ext.

☐ EKG (w) Intrptn. & Report with at Least 12 Lead

☐ EKG - Report & Intrptn. Only

☒ Stress Test

☒ Spirometry

☐ Spirometry Bef/After Bronchodilator

☐ Holter Monitoring

☐ Holter Monitoring-24 Hr. (w) Interp-Ambulatory

☐ Anoscopy

☐ Wart Treatment

☐ Proctosigmoidoscopy

☐ Other

**CPT Code Fee**

90000 \_\_\_\_\_

90010 \_\_\_\_\_

90015 \_\_\_\_\_

90017 \_\_\_\_\_

90020 \_\_\_\_\_

90030 \_\_\_\_\_

90040 \_\_\_\_\_

90050 \_\_\_\_\_

90060 \_\_\_\_\_

90070 \_\_\_\_\_

90080 150

99050 \_\_\_\_\_

99052 \_\_\_\_\_

99054 \_\_\_\_\_

99058 \_\_\_\_\_

99064 \_\_\_\_\_

99065 \_\_\_\_\_

90600 \_\_\_\_\_

90605 \_\_\_\_\_

90610 \_\_\_\_\_

90620 \_\_\_\_\_

90630 \_\_\_\_\_

90641 \_\_\_\_\_

90642 \_\_\_\_\_

90831 \_\_\_\_\_

92960 \_\_\_\_\_

93000 \_\_\_\_\_

93010 \_\_\_\_\_

93015 \_\_\_\_\_

94010 12

94060 \_\_\_\_\_

93274 \_\_\_\_\_

93799 \_\_\_\_\_

46600 \_\_\_\_\_

46900 \_\_\_\_\_

45300 \_\_\_\_\_

**X-RAY**

☐ Chest X-Ray, PA & Lateral with Interpretation

☐ Chest X-Ray, PA Only with Interpretation

☐ Other

**CHEMISTRY**

☐ Sodium

☐ Potassium

☐ BUN

☐ Creatinine

☐ Uric Acid

☐ Glucose

☐ Cholesterol

☐ Triglycerides

☐ HDL-Chol.

☐ Amylase-Serum

☐ Theophylline

☐ SGOT

☐ SGPT

☐ Sed Rate

☐ Bilirubin

☐ Calcium

☐ Chlorides

☐ CPK

☐ CPK by Isoenzymes

☐ Digoxin-RIA

☐ Glucose 2° PG

☐ GTT

☐ Glucose-Urine

☐ Magnesium

☐ Alkaline Phosphatase

☐ Protein-Urine

☐ T-4

☐ Hemoglobin

☐ Phenobarbital

☐ Dilantin Level

☐ Other

**HEMATOLOGY**

☐ Sed Rate - Westergren

☐ Other

**MICROBIOLOGY**

☐ Culture - Throat - Nose

☐ G.C. Screen

☐ Culture - Urine

☐ Other

**CPT Code Fee**

71020 \_\_\_\_\_

71010 \_\_\_\_\_

84295 \_\_\_\_\_

84132 \_\_\_\_\_

84520 \_\_\_\_\_

82565 \_\_\_\_\_

84550 \_\_\_\_\_

82947 \_\_\_\_\_

82465 \_\_\_\_\_

84478 \_\_\_\_\_

83718 \_\_\_\_\_

82150 \_\_\_\_\_

84420 \_\_\_\_\_

84450 \_\_\_\_\_

84460 \_\_\_\_\_

85650 \_\_\_\_\_

82250 \_\_\_\_\_

82310 \_\_\_\_\_

82435 \_\_\_\_\_

82550 \_\_\_\_\_

82552 \_\_\_\_\_

82643 \_\_\_\_\_

82950 \_\_\_\_\_

82951 \_\_\_\_\_

82954 \_\_\_\_\_

83735 \_\_\_\_\_

84075 \_\_\_\_\_

84180 \_\_\_\_\_

84435 \_\_\_\_\_

85018 \_\_\_\_\_

82205 \_\_\_\_\_

84045 \_\_\_\_\_

85651 \_\_\_\_\_

87060 \_\_\_\_\_

87081 \_\_\_\_\_

87086 \_\_\_\_\_

# ATTENDING PHYSICIAN'S STATEMENT

Date of Service 10-6-87

Patient Chasman, T ☒ Male ☐ Female

Name \_\_\_\_\_

## LABORATORY SERVICES

☐ Routine UA with Micro 81000 \_\_\_\_\_

☐ Routine UA without Micro 81002 \_\_\_\_\_

☐ Throat Culture 87081 \_\_\_\_\_

☐ Vaginal Culture 87081 \_\_\_\_\_

☐ Urethral Culture 87081 \_\_\_\_\_

☐ Gram Stain 87205 \_\_\_\_\_

☐ Occult Blood - Feces 82270 \_\_\_\_\_

☐ VDRL 86592 \_\_\_\_\_

☐ Occult Blood - All Other 89205 \_\_\_\_\_

☒ Venipuncture 9600 36415 24

☐ Venipuncture Non Routine 36410 \_\_\_\_\_

☐ Other \_\_\_\_\_

## THERAPEUTIC INJECTIONS

☐ Inj. of Med. 90782 \_\_\_\_\_

☐ Intravenous 90784 \_\_\_\_\_

☐ Inj. of Antibiotic 90788 \_\_\_\_\_

☐ Intravenous Therapy for Allergy 90798 \_\_\_\_\_

☐ Unlisted Injection 90799 \_\_\_\_\_

☐ I DO

☐ I DO NOT ACCEPT ASSIGNMENT

TOTAL CHARGES \$ 290

OTHER PROFESSIONAL SERVICES: \_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_

DIAGNOSIS: Chasman for Respiratory Care

Regularly scheduled respiratory

DOCTOR'S SIGNATURE: \_\_\_\_\_

Steven I. Tay, M.D., P.C.

B/S # 312251ST SS # 106-40-0946

M/C # 31225ADD1ST NYS LIC # 127121

FED. I.D. # 13-3173278

INTERNAL MEDICINE

246 EAST 20TH STREET

NEW YORK, NY 10003

TELEPHONE (212) 533-8760

1638